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FILED

November 13, 2007

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

By: Debra W. Levine
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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE
APPLICATION OF

Administrative Action

SAQUIB BASHIR SAYED, M.D.
License No. 25MA07308600

: CONSENT ORDER OF REINSTATEMENT
: OF LICENSE WITH CONDITIONS
: AND MONITORING

FOR REINSTATEMENT OF LICENSURE
TO PRACTICE MEDICINE IN THE
STATE OF NEW JERSEY

This matter was most recently opened to the New Jersey State Board of Medical Examiners upon receipt of respondent's application for reinstatement of his license to practice medicine in this State. Respondent had voluntarily surrendered his New Jersey license by way of a Consent Order filed with the Board on August 11, 2004 based on his self-acknowledged relapse into alcohol abuse as evidenced by a urine screen which tested positive for the presence of alcohol.

By way of procedural history, respondent first submitted an application for a plenary license in the State of

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New Jersey in 2001. On September 8, 2001, respondent entered into a Consent Order of Limited Licensure with the Board pursuant to which he was granted a license to practice medicine limited to a supervised setting. In granting this limited licensure, the Board took into consideration respondent's disclosures that he had been arrested and charged twice for Driving Under the Influence which charges were resolved with lesser convictions of failure to take a Breathalyzer test and careless driving, that he had been arrested for domestic violence, and that he had entered into a July 26, 2001 Consent Order with the State of Kentucky Licensure Board whereby he agreed to the permanent surrender of his Kentucky medical license. At that time the Board also considered respondent's four years of documented sobriety in Kentucky, his active involvement with the Physicians Health Program (PHP) since 1999, his participation in Alcoholics Anonymous, neuropsychological assessments and the PHP's endorsement. Accordingly, respondent was granted a limited license to practice medicine in New Jersey subject to a variety of conditions including respondent's continued abstinence from alcohol and/or other addictive substances.

On November 3, 2003, a second Consent Order was filed pursuant to Dr. Sayed's Petition for Modification, amending

various screening and reporting requirements of the September 8, 2001 Order and reaffirming all of the original terms and conditions of limited licensure.

On or about July 8, 2004, the PHP alerted the Board of Medical Examiners that respondent had relapsed into the abuse of alcohol as evidenced by a positive urine test. On August 11, 2004, respondent entered into a Consent Order of Voluntary Surrender with the Board pursuant to which he surrendered his license for a minimum period of twelve (12) months from the date of the Order which mandated in part, that respondent fully comply with the monitoring program established for him by the PHP.

On October 18, 2006, respondent appeared before the Board of Medical Examiners Preliminary Evaluation Committee (Committee), accompanied by David I. Canavan, M.D., Assistant Medical Director for the Professional Assistance Program of New Jersey (PAP), regarding his reinstatement petition. On that date, the Committee noted its concern that the majority of respondent's urines showed diluted and low specific gravity screens. Dr. Canavan explained that respondent was taking Elavil which causes a dry mouth thus resulting in respondent drinking a lot of fluids. This in turn caused the dilution and low creatinine and specific gravity levels. The Committee

therefore recommended and the Board ratified the determination that at least three additional months of urine screens without dilution be obtained, and that respondent's treating physician provide the Board with a statement detailing respondent's complete drug history for those three months.

In March of 2007, the Board recommended that respondent be required to submit to yet another three months of "negative" twice weekly urine screens with no waivers from screening to be granted. At its meeting on May 23, 2007, the Committee then reviewed Dr. Canavan's letter of April 18, 2007 in which Dr. Canavan stated that the results of respondent's prior three months of urine screens were acceptable. At that time the Committee noted its significant concern with respondent's credibility due to issues involving his driving record. Specifically, respondent had been arrested in 1995 and 1996 for Driving Under the Influence and pled to lesser charges. He was also subject to several other motor vehicle violations. Therefore, on May 23, 2007, the Committee recommended that respondent be required to provide at least three more months of random urine screens with no waivers to be granted.

In support of respondent's petition for reinstatement, Dr. Canavan provided a letter petition dated July 20, 2007 in which he strongly supported respondent's petition for

reinstatement and explained that despite the Committee's "no waiver" provision mandated in the Board's determination on May 23, 2007, due to a procedural misunderstanding, the PAP had previously granted respondent a waiver. However, subsequent to that waiver, respondent has not missed a urine screen, has not been issued a waiver, and has now met all of the board's requirements.

At its meeting on August 22, 2007, the Committee reviewed all relevant documentation submitted, including the statements and letters of Dr. Canavan in which he fully supports the reinstatement of respondent's license based on respondent's documented, ongoing recovery from his alcohol abuse problem for more than three years, his compliance with all of the mandates of the Board and recommendations of the PAP, and his active participation in Alcoholics Anonymous where he attends between four and five support group meetings a week. Further, Dr. Canavan stated that respondent is under the care of a psychiatrist, Dr. Thomas Sprague, has met with the PAP at least once a month for the past three years, and is a competent Psychiatrist.

The Board therefore finds it appears that respondent has now demonstrated sufficient rehabilitation, fitness and ability to practice medicine, has complied with the conditions

set forth in the Consent Order of August 11, 2004, and is willing to comply with the conditions set forth in this Order

Respondent, being desirous of resolving this matter without the necessity of further formal proceedings, and agreeing to waive any right to same, and the Board having determined that this Order is sufficiently protective of the public health, safety and welfare, and all parties agreeing to the terms of this Order;

IT IS THEREFORE ON THIS 13th DAY OF November ,
2007,

ORDERED THAT:

1. Respondent's license to practice medicine in the State of New Jersey is hereby reinstated subject to the conditions set forth in this Order.

2. (a) Respondent shall submit to urine monitoring under the auspices of the PAP on a random, unannounced basis, a minimum of once per week for the initial twelve (12) months of license reinstatement, at a laboratory facility approved by the Board. Subsequent monitoring is to be continued as determined by the PAP consistent with respondent's duration of recovery. The urine monitoring shall be conducted with direct witnessing of the taking of the samples as designed by the laboratory facility. The initial drug screen of each sample shall utilize

appropriate screening techniques and all confirming tests and/or secondary tests will be performed by gas/chromatography/mass spectrometry (G.C./M.S.). The testing procedure shall include a forensic chain of custody protocol to ensure sample integrity and to provide documentation in the event of a legal challenge.

(b) All test results including any secondary test results shall be provided in the first instance directly to the PAP and any positive result shall be reported immediately to the PAP, and to the Executive Director of the Board, or a designee in the event the Director is unavailable. The Board also will retain sole discretion to modify the manner of testing in the event technical developments or individual requirements indicate that a different methodology or approach is required in order to guarantee the accuracy and reliability of the testing. Upon receipt of any positive urine screen, the Board reserves the right to amend the within Order or to take action as provided in paragraph 10 below.

(c) Any failure by respondent to submit or provide a urine sample within twenty-four (24) hours of a request will be deemed to be equivalent to a confirmed positive urine test. In the event respondent is unable to appear for a scheduled urine test or provide a urine sample due to illness or other impossibility, consent to waive that day's test must be

secured from the medical director of the PAP. Personnel at the lab facility shall not be authorized to waive a urine test. In addition, respondent must provide the PAP with written substantiation of his inability to appear for a test within two (2) days, e.g. a physician's report

attesting that he was so ill that he was unable to provide the urine sample or appear for the test. "Impossibility" as employed in this provision shall mean an obstacle beyond the control of respondent that is so insurmountable or that makes appearance for the test or provision of the urine sample so infeasible that a reasonable person would not withhold consent to waive the test on that day. The PAP shall advise the Board of every instance where a request has been made to waive a urine test together with the Program's determination in each such case.

(d) In the event respondent will be out of the State for any reason, the PAP shall be so advised so that arrangements may be made at the PAP's discretion for alternate testing.

(e) The Board may, in its sole discretion, modify the frequency or method of testing.

(f) Any urine test result showing creatinine levels below 20 mg/dL and a specific gravity below 1.009 shall

create a rebuttable presumption of a confirmed positive urine test. Such a specimen shall be immediately subjected to the confirming GC/MS test.

(g) Respondent shall familiarize himself with all foods, food additives or other products (such as poppy seeds) which may affect the validity of urine screens, be presumed to possess that knowledge, and shall refrain from the use of such substances. Ingestion of such substances shall not be an acceptable reason for a positive urine screen and/or failure to comply with the urine monitoring program.

3. Respondent shall abstain from all psychoactive substances, including alcohol and controlled dangerous substances, and shall not possess any controlled dangerous substances except pursuant to a bona fide prescription written by a physician or dentist for good medical or dental cause in his own treatment. In addition, respondent shall advise any and all treating physicians and/or dentists of his history of substance abuse. Respondent shall cause any physician or dentist who prescribes medication for him which is a controlled dangerous substance to provide a written report to the Medical Director of the Board and the Medical Director of the PAP together with patient records indicating the need for such medication. Such report shall be

provided to the Board no later than two (2) days subsequent to the prescription in order to avoid confusion which may be caused by a confirmed positive urine test as a result of such medication.

4. Respondent shall attend Alcoholics Anonymous meetings at a minimum frequency of three (3) times per week until such time as the PAP determines that attendance at these meetings is no longer necessary. Respondent shall provide evidence of attendance at such groups directly to the PAP on a form or in a manner as required by the Program. The PAP shall advise the Board immediately in the event it receives information that respondent has discontinued attendance at any of the support groups. If respondent discontinues attendance at any of the support groups without obtaining approval of the PAP he shall be deemed in violation of this Order.

5. The PAP shall provide quarterly reports to the Board in regard to its monitoring of respondent's program as outlined herein including, but not limited to, the urine testing and the attendance at support groups. The Program shall attach to its quarterly reports any and all appropriate reports and/or documentation concerning any of the monitoring aspects of the within Program. The PAP shall immediately report to the Board any positive urine or indicia of a slip or relapse.

6. Respondent shall continue to participate in substance abuse and mental health counseling with Dr. Sprague or a successor pre-approved by the Board at a frequency of one time per month until such time as Dr. Sprague or his designated successor determines that therapy is no longer necessary.

7. Respondent shall be responsible to make sure that quarterly reports are submitted to the Board regarding his progress by all who treat him, with immediate (within 24 hours) notification to the Board orally and in writing of any indication of a relapse or recurrence of drug or alcohol abuse or non-compliance with the terms of this Order.

8. Respondent shall provide any and all releases to any and all parties who are participating in his treatment and monitoring as outlined in this Order, including but not limited to his psychiatrist, as may be required in order that all reports, records, and other pertinent information may be provided to, and utilized by the Board in a timely manner.

9. Respondent shall notify the Board of the place and type of practice in which respondent engages.

10. (a) Respondent shall be subject to an Order of Automatic Suspension of his license upon the Board's receipt of any information which the Board, in its sole discretion, deems reliable demonstrating that respondent has failed to comply with

any of the conditions set forth in this Order including but not limited to report of a confirmed positive urine or a prima facie showing of a relapse or recurrence of alcohol or drug abuse.

(b) Respondent shall have a right to apply for removal of the automatic suspension on ten (10) days notice to the Board and to the Attorney General. The Board may hold a hearing on that application before the full Board or before a committee of the Board. In the event a committee hears the application, its action shall be subject to ratification of the full Board at its next scheduled meeting. In a hearing seeking removal of the automatic suspension, any confirmed positive urine shall be presumed valid.

11. All costs associated with the urine monitoring and mental health counseling provisions outlined above shall be the responsibility of the respondent and paid directly by the respondent.

12. This Order is effective upon its filing date with the Board of Medical Examiners.

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

By: _____

Mario A. Criscito, M.D.
Mario A. Criscito, M.D.
Board President

I have read the within Order,
understand its terms and agree
to be bound by them. I
consent to entry of the Order
by the Board of Medical
Examiners.

Saquib Sayed MD

Saquib Bashir Sayed, M.D.
Respondent

David I. Canavan, MD

David I. Canavan, M.D.

Joseph Gorrell

Joseph Gorrell, Esq.